

Mayor

## Department of Municipal Licenses and Inspections Mary E. McGrath, R.S., Director

90 Pond Street - Braintree, Massachusetts 02184

Building Division Telephone: 781-794-8070 Health Division Telephone: 781-794-8090

Fax: 781-794-8022 Fax: 781-794-8098

Joseph C. Sullivan

## Application for Temporary Sign Permit

## **Town of Braintree**

			Date:	
Name & Address of Bus	iness:			
Name & Address of Owr	ner:			
		Phone Nu	mber:	
Name & Address of Sigr	n Contractor:	8		
		Phone Nu	mber:	
		Cell Numb	er:	
Type & Number of Temp	oorary Signs to be	installed:		
Wall Sign S	ize:	Sq. Ft		
Wall Sign Sign Sign Sign Sign Sign Sign Sign	Size:	Sq. Ft	<del></del>	
Ground Sign S	lize:	Sq. Ft	Sides:	
Foundation type & size:				
Proposed Dates that sig	ın will be displayed	d: From:	To:	
<ul> <li>Two color plans height &amp; method</li> <li>Construction dei building or struc</li> <li>Plan showing lot to bottom and to</li> <li>Site plan indicat</li> </ul> NOTICE TO ALL	on MUST accompa- indicating exact or l of illumination. tails indicating four ture. cation of sign on b op of proposed sign ing location of pro- APPLICANTS. No BE INSTALLED	any ALL sign application ontent of sign along with andation and/or method of uilding or structure indicated as well as building from posed ground sign as appropriate to obtaining proposed of the posed ground sign as appropriate to obtaining prior to obtaining prior to obtaining	sign, length, width, of attachment to atting height from grade ntage. oplicable.  AN ELECTRICAL	
	-	Not Write Below This	Line! 	
Approved By:		Date:		
Permit No.	Fee:	Мар	Lot	
Foundation Inspection:		Final Inspecti	Final Inspection:	